FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

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FORM D

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NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
VIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL
OMB Number: 3235-0076
Expires: April 30,2008
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hours per response.....16.00

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Prefix	Serial
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PACIFIC ADVANCED TECHNOLOGY, INC.	en all baine has charges, and moreove charges,	
	e 504 Rule 505 Rule 506 Section 4(6	PROCESS
	A. BASIC IDENTIFICATION DATA	MAY 1 5 2008
1. Enter the information requested about the issuer		THOMSON REUTERS
Name of Issuer (check if this is an amendment	and name has changed, and indicate change.)	Momo
PACIFIC ADVANCED TECHNOLOGY, INC.		
Address of Executive Offices 85 Industrial Way, Unit A. Buellton, CA 93427	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code) (805) 688-2088
Address of Principal Business Operations (if different from-Executive-Offices)	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
Brief Description of Business		
	partnership, to be formed	lease sp
Actual or Estimated Date of Incorporation or Organiza Jurisdiction of Incorporation or Organization: (Enter to CN for		- 00043325

GENERAL INSTRUCTIONS

Federal:

Who Musi File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (3) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

- ATTENTION —

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

Enter the information requested for the following: Each promoter of the issues, if the issues has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers, . Check Box(es) that Apply: Promoter Beneficial Owner D Executive Officer Director General and/or Managing Pariner Full Name (Last name fust, if individual) HINNRICHS, MICHELE Business or Residence Address (Number and Street, City, State, Zip Code) 85 Industrial Way, Unit A. Buellton, CA 93427 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer [7] Director General and/or Managing Partner Full Name (Last name first, if individual) ALEF DANIEL Business or Residence Address (Number and Street, City, State, Zip Code) 85 Industrial Way, Unit A, Buelllon, CA 93427 Managing Partner Full Name (Last name first, if individual) BOWMAN, JOHN C. Business or Residence Address (Number and Street, City, State, Zip Code) 85 Industrial Way, Unit A, Bueilton, CA 93427 Benesicial Owner Executive Officer Director Check Box(es) that Apply: General and/or, Managing Panner Full Name (Last name first, if individual) PRUTZMAN PAUL E. Business or Residence Address (Number and Street, City, State, Zip Code) 85 Industrial Way, Unit A. Buellon, CA 93427 Check Box(es) that Apply: Beneficial Owner | Executive Officer Promoter Director General and/or Managing Partner Full Name (Last name first, if individual) GORALNICK, HARVEY Business or Residence Address (Number and Street, City, State, Zip Code) 85 Industrial Way, Unit A, Buellon, CA 93427 General and/or Check Box(es) that Apply: Promoter Beneficial Owner | Executive Officer | Director Managing Partner Full Name (Last name first, if individual) WYATT, DAVID Business of Residence Address (Number and Street, City, State, Zip Code) 85 Industrial Way, Unit A, Buellton, CA 93427 Check Box(es) that Apply: Promoter Beneficial Owner Director Director General and/or Managing Pariner Full Name (Last name first, if individual) Business of Residence Address (Number and Street, City, State, Zip Code) (Use blank sheet, or copy and use additional copies of this sheet, as necessary)

		following:			
	-		d within the past five years	:	
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		r of partnership issuers.		CC ,	,
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heck Box(es) that Apply:	Promoter	Beneficial Owne	es Executive Office	ı 🕢 Director	General and/or Managing Partner
ull Name (Last name first ACCORMACK, JOHN (
usiness or Residence Add 5 Industrial Way, Unit			Code)		
heck Box(es) that Apply:	Promoter	Beneficial Owne	Executive Offices	Director	General and/or Managing Partner
ill Name (Last name first,	if individual)				
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Name (Last name first, if	individual)				
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k Box(es) that Apply:	Promoter	Beneficial Owner	Executive Offices	Director	General and/or Managing Partner
					•
Name (Last name fust, if	individual)	 -		· · · · · · · · · · · · · · · · · · ·	

					В. 1	NFORMATI	ION ABOU	T OFFERI	NG				
1.	Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?						Yes E 6	No					
••	Answer also in Appendix, Column 2, if filing under ULOE.							i=J					
2.							\$ <u>10,</u>	00.00					
_									Yes	No			
3.											Z		
4.	Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.												
Ful	l Name (Last name	first, if ind	ividual) NONE	-	•							
Bu	siness or	Residence	Address (N	umber and	Street, Ci	ty, State, Z	ip Code)						
Na	me of Ass	ociated B	roker or De	aler				<u></u>					
												·	
Sta			n Listed Has s" or check									□ Al	I States
	AL	(AK)	ÃΖ	[AR]	CA	CO	CT	DE	[DC]	FL	GA	HI	ΠΩΠ
	IL MT RI	IN NE SC	IA NV SD	KS NH TN	KY NJ TX	LA ÑM UT	ME NY VT	MD NC VA	MA ND WA	MI OH WV	MN OK WI	MS OR WY	MO PA PR
Ful	ll Name (Last name	first, if ind	ividual)				• • • • • • • • • • • • • • • • • • • •					
Bu	Business or Residence Address (Number and Street, City, State, Zip Code)												
Na	me of Ass	sociated B	roker or De	aler									
Sta	tes in Wh	ich Persor	Listed Has	Solicited	or Intends	to Solicit 1	Purchasers						
	(Check	"All State	s" or check	individual	States)	•		***************************************	***************************************	***************************************		□ vi	l States
	AL IL MT RI	AK IN NE SC	AZ IA NV SD	KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	MO PA PR
Ful	l Name (Last name	first, if ind	ividual)					*				
Bu	siness or	Residence	Address (1	Number an	d Street, C	ity, State, 2	Zip Code)	,					
Na	me of As	sociated B	roker or De	aler									
Sta	tes in Wh	ich Persor	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
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	AL IL MT	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	ID MO PA PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box \sum and indicate in the columns below the amounts of the securities offered for exchange an already exchanged.	k d	
	Type of Security	Aggregate Offering Price	Amount Already e Sold
	Debt	\$ 0.00	\$ 0.00
	Equity	\$ 0.00	\$ 0.00
	☐ Common ☐ Preferred		
	Convertible Securities (including warrants) Options and common stock	. \$_10,000.00	10,000.00
	issuable upon exercise thereof	\$ 0.00	\$ 0.00
	Other (Specify 0)		\$ 0.00
	Total		\$ 10,000.00
	Answer also in Appendix, Column 3, if filing under ULOE.		
	offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicat the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors		\$ 0.00
	Non-accredited Investors		
	Total (for filings under Rule 504 only)	. 2	<u>\$ 10,000.00</u>
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities old by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		Dollar Amount
	Type of Offering	Security	Sold
	Rule 505	Common	\$ 0.00
	Regulation A	Common	\$_0.00
	Rule 504	Common	
	Total	Common	s 39,457.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of th securities in this offering. Exclude amounts relating solely to organization expenses of the insurer The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		S 0.00
	Printing and Engraving Costs		\$ 0.00
	Legal Fees	••••••	√ \$ 500.00
	Accounting Fees		\$_0.00
	Engineering Fees		S 0.00
	Sales Commissions (specify finders' fees separately)		\$_0.00
	Other Expenses (identify)		\$_0.00
	Total	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$ 500.00

	C. OFFERING PRICE, NUM	BER OF INV	EST	ors,	EXPENSES AND	USE OF PE	ROCEEDS	
	b. Enter the difference between the aggregate offer and total expenses furnished in response to Part C—proceeds to the issuer."	Question 4.a.	Thi	s diffe	rence is the "adjus	sted gross		\$
5.	Indicate below the amount of the adjusted gross pro- each of the purposes shown. If the amount for an check the box to the left of the estimate. The total of proceeds to the issuer set forth in response to Part	y purpose is f the payment	not s list	know ed mi	n, furnish an esti st equal the adjus	mate and		
							Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees						\$ <u>0.00</u>	. D\$ <u>0.00</u>
	Purchase of real estate] \$ <u>0.00</u>	□ \$ <u>0.00</u>
	Purchase, rental or leasing and installation of made and equipment	chinery				F	ղ §_ 0.00	□\$_0.00
	Construction or leasing of plant buildings and fac							s 0.00
	Acquisition of other businesses (including the val offering that may be used in exchange for the asso issuer pursuant to a merger)	ue of securit	ics in	nvolv f ano	ed in this her			□ s_0.00
	Repayment of indebtedness							\$ 0.00
	Working capital							9,500.00
	Other (specify):						\$_0.00	\$ 0.00
				_] \$ <u></u>	so.oo
	Column Totals							2 \$_9,500.00
	Total Payments Listed (column totals added)							500.00
		D. FEDE	RAI	SIG	NATURE			
sig	e issuer has duly caused this notice to be signed by the nature constitutes an undertaking by the issuer to fur information furnished by the issuer to any non-acc	rnish to the U	.S. S	ecuri	ties and Exchang	e Commiss	ion, upon writte	
lss	uer (Print or Type)	Signature	\Box	+		D	ate	
P	ACIFIC ADVANCED TECHNOLOGY, INC.		1	P	~/>		April 4, 2008	
Na	me of Signer (Print or Type)	Title of Sig	,	(Pain	or Type)			
Mic	thele Hinnrichs	President	1	J				

- ATTENTION -

	E. STATE SIGNATURE
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification Yes No provisions of such rule?
	See Appendix, Column 5, for state response.
2.	The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.
3.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
4.	The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.
	ner has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned thorized person.
ssuer (Print or Type) Signature Date
ACIFI	C ADVANCED TECHNOLOGY, INC. April 4, 2008

Title (Print

President

Instruction.

Name (Print or Type)

Michele Hinnrichs

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.